U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND † CONT. EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440

	For Official Use Only
E	S REITE BARE
	OLMS /

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E No Bree				
1 File Number U 8694	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Jerome E Schmelling	Name Wisconsin Pipe Trades Association			
	Labor Organization File Number 067-887			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street N1206 Cain Creek Road	Street 11175 West Parkland Avenue			
Cnty Merrill	City Milwaukee			
State Wisconsin ZIP Code + 4 54452-9083	State Wisconsin ZiP Code + 4 53224			
5 Position in labor organization Director of Marketing & Organizing				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
PO Box, Bidg Room No If any	7 b Amount.			
Street				
Caty				
310.0-1				
State ZIP Code + 4				
	nature , , , ,			
Sign 15. Signature and verification The undersigned declares under penalty of	Perjury and other applicable penalties of the law that all of the information (ning documents) has been examined by the signatory and is to the best of the			

Name of Person Filing Jerome Schmelling	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name				
Trade Name if any	a Labor Organization b Trust			
P O Box Bldg Room No if any	c Employer			
Street				
State ZIP Code + 4				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing			
Name				
Trade Name if any				
PO Box Bidg Room No If any				
Street	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4				
	12 b Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment			
(including trade name if any)	I was a guest at the MCA golf outing in June Golf and lunch value \$54 00			
Name MCA of North Central Wisconsin Industry Fund	I was a guest at the MCA Christmas party in December Dinner and beverage value \$73 00			
Trade Name if any Mechanical Contractors Association	becomber brinier and beverage variety 7.3 00			
P O Box Bidg Room No If any				
Street 3315 N Ballard Road Suite D				
City Appleton				
State Wisconsin ZIP Code + 4 54911				
13.b. Is the Business an Employer or Consultant 2 ?	14 b Amount of payment \$127			